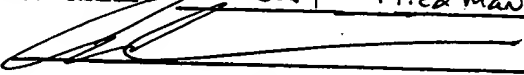



UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|--|-----------------------------------|---|----------------|-----------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>5/20/08</u> | | 2 Serial/Patent # <u>09/433,257</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| <input type="checkbox"/> | Filing | | | \$ | | | | | | | |
| <input type="checkbox"/> | Amendment | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> | Extension of Time | <u>6/21/07</u> | <u>6/21/07</u> | \$ <u>1,020</u> | | | | | | | |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| <input type="checkbox"/> | Petition | | | \$ | | | | | | | |
| <input type="checkbox"/> | Issue | | | \$ | | | | | | | |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| <input type="checkbox"/> | Maintenance | | | \$ | | | | | | | |
| <input type="checkbox"/> | Assignment | | | \$ | | | | | | | |
| <input type="checkbox"/> | Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ <u>1,020</u> | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| 10 REASON: | | Treasury Check | | | | | | | | | |
| <input type="checkbox"/> | Overpayment | X Credit Deposit A/C #: | | | | | | | | | |
| <input type="checkbox"/> | Duplicate Payment | 9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>1</td><td>4</td><td>--</td><td>1</td><td>2</td><td>7</td><td>0</td> </tr> </table> | | | 1 | 4 | -- | 1 | 2 | 7 | 0 |
| 1 | 4 | -- | 1 | 2 | 7 | 0 | | | | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | | | | | | | | | | |
| <u>Extension of Time after abandonment not required</u> | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Carl Friedman</u> | | TITLE: <u>Petitions Examiner</u> | | | | | | | | | |
| SIGNATURE:  | | PHONE: <u>2-6842</u> | | | | | | | | | |
| OFFICE: <u>Office of Petitions</u> | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED:  | | DATE: <u>5/20/08</u> | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: